

SPECIAL C-E AUTHORIZATION REQUESTFOR USE OF THIS FORM SEE FM 24 22
PROPOSER AGENCY IS HQ TRADOC

DTG:

1. TO:	2. FROM:
3. PRECEDENCE:	4. SECURITY CLASSIFICATION:
5. SUBSCRIBER INFORMATION: <i>(To Be Completed by Requester)</i>	
a. ORGANIZATION:	b. LOCATION: <i>(Coordinates)</i>
c. DATE OF REQUEST:	d. DATE NEW SERVICE REQUIRED:
e. CURRENT COMMUNICATIONS SERVICE <i>(In Addition to Organic TOE)</i> PROVIDED:	
(1) TRUNKS: VOICE <input type="checkbox"/> TELETYPEWRITER <input type="checkbox"/> DATA <input type="checkbox"/>	
(2) SUBSCRIBER: LOCAL LINES _____ EXTENSIONS _____	
(3) PREFERENTIAL SERVICES: SPECIFY _____	
(4) DEDICATED CIRCUITS: _____	
(5) RWI CALL SIGN: _____	
(6) SPECIAL TERMINAL EQUIPMENT AUTHORIZED ABOVE DOCTRINE: _____	
f. ADDITIONAL COMMUNICATION SERVICE REQUESTED:	
g. JUSTIFICATION:	
6. ASSESSMENT OF SCAR <i>(For Nodal Authority Use)</i>	
a. ADDITIONAL RESOURCES OR FACILITIES REQUIRED:	
b. AVAILABILITY OF REQUIRED RESOURCES/FACILITIES:	
c. ADDITIONAL CONSIDERATIONS:	
d. ACTION RECOMMENDED:	
e. APPROVAL/DISAPPROVAL	SIGNATURE